

8. LIST EACH LICENSE/PERMIT REQUIRED FOR YOUR BUSINESS

NAME OF LICENSE QUALIFIER	SOCIAL SECURITY NUMBER	ISSUED BY	LICENSE TYPE	LICENSE #	EXPIRATION DATE

IF THE QUALIFYING INDIVIDUAL IS NOT ONE OF THE MINORITY OR WOMEN OWNERS LISTED IN ITEM 2, EXPLAIN IN ITEM 25

9. MANAGEMENT - INDICATE CONTROL OF FIRM IN THE FOLLOWING AREAS:

	NAME	RELATIONSHIP TO MAJORITY OWNER(S)	TITLE	GROUP MEMBERSHIP	GENDER (CIRCLE)
a. FINANCIAL DECISIONS					M / F
b. ESTIMATING					M / F
c. MARKETING/SALES					M / F
d. HIRE/FIRE MANAGEMENT					M / F
e. PURCHASING OF MAJOR EQUIPMENT/SUPPLIES					M / F
f. SUPERVISION OF FIELD OPERATIONS					M / F
g. JOBS THE COMPANY WILL UNDERTAKE					M / F
h. SURETY AND/OR PERFORMANCE BONDS					M / F
i. INSURANCE					M / F
j. PAYROLL					M / F

10. SOLE PROPRIETOR

NAME	SOCIAL SECURITY NUMBER*	GROUP MEMBERSHIP	GENDER M / F	YEARS OWNED
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11. OWNERSHIP BREAKDOWN (Partnerships, Corporations & LLC - Attach additional pages if needed)

NAME	SOCIAL SECURITY NUMBER*	OWNERSHIP %	GROUP MEMBERSHIP	GENDER (CIRCLE)	DATE OF PURCHASE	TOTAL COST	NO. OF SHARES
				M / F			
				M / F			
				M / F			
				M / F			

TOTAL NUMBER OF SHARES ISSUED	NUMBER OF SHARES OUTSTANDING
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11A. IS YOUR FIRM OWNED IN FULL OR IN PART BY ANOTHER COMPANY? LIST ON A SEPARATE SHEET THAT COMPANY'S SHAREHOLDERS TO INCLUDE PERCENTAGE OF OWNERSHIP INTEREST, AND THE NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS. IF MINORITIES, SO INDICATE.